Student Name: Haley Hardin Unit: PEDI Pt. initials: — Date: 9/20/22

GENERAL APPEARANCE

Appearance: ☑ Healthy/Well Nourished ☑ Neat/Clean ☐ Emaciated ☐ Unkept
Developmental age: ☑ Normal ☐ Delayed

NEUROLOGICAL

LOC: ☑ Alert ☐ Confused ☐ Restless ☐ Sedated ☐ Unresponsive
Oriented to: ☐ Person ☐ Place ☐ Time/Event ☑ Appropriate for Age
Pt not cooperative → Pupil Response: ☐ Equal ☐ Unequal ☐ Reactive to Light ☐ Size NA
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☑ Closed
Extremities: ☑ Able to move all extremities ☐ Symmetrically ☐ Asymmetrically
Grips: Right S Left S
Pt not cooperative → Pushes: Right NA Left NA
S=Strong W=Weak N=None
EVD Drain: ☐ Yes ☑ No Level NA
Seizure Precautions: ☐ Yes ☑ No

RESPIRATORY

Respirations: ☑ Regular ☐ Irregular ☐ Retractions (type) NA ☐ Labored
Breath Sounds:
Clear ☐ Right ☐ Left
Crackles ☑ Right ☑ Left
Wheezes ☐ Right ☑ Left
Diminished ☐ Right ☐ Left
Absent ☐ Right ☐ Left
☑ Room Air ☐ Oxygen
Oxygen Delivery:
☐ Nasal Cannula: NA L/min
☐ BiPap/CPAP: NA
☐ Vent: ETT size NA @ NA cm
☐ Other: NA
Trach: ☐ Yes ☑ No Size NA Type NA
Obturator at Bedside ☐ Yes ☑ No
Cough: ☐ Yes ☑ No ☐ Productive ☐ Nonproductive
Secretions: Color NA Consistency NA
Suction: ☐ Yes ☑ No Type NA
Pulse Ox Site (R) big toe
Oxygen Saturation: 98%

CARDIOVASCULAR

Pulse: ☑ Regular ☐ Irregular ☑ Strong ☐ Weak ☐ Thready ☐ Murmur ☐ Other NA
Edema: ☐ Yes ☑ No Location NA ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Capillary Refill: ☐ < 2 sec ☑ > 2 sec
Pulses: unable to assess bc of IV site/board present
Upper R 3+ L ↓
Lower R 3+ L 3+
4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: Yellow
Stool Appearance: Yellow (mom said this is normal)
☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: ☑ Soft ☐ Firm ☐ Flat ☐ Distended ☐ Guarded
Bowel Sounds: ☑ Present X 4 quads ☑ Active ☐ Hypo ☐ Hyper ☐ Absent
Nausea: ☐ Yes ☑ No
Vomiting: ☐ Yes ☑ No
Passing Flatus: ☐ Yes ☑ No
Tube: ☐ Yes ☑ No Type NA Location NA Inserted to NA cm ☐ Suction Type: NA

NUTRITIONAL

Diet/Formula: regular
Amount/Schedule: NA
Chewing/Swallowing difficulties: ☐ Yes ☑ No

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling ☐ Contracted ☐ Weakness ☐ Cramping ☐ Spasms ☐ Tremors
Movement: ☐ RA ☐ LA ☐ RL ☐ LL ☑ All
Brace/Appliances: ☑ None Type: NA

MOBILITY

☑ Ambulatory ☐ Crawl ☐ In Arms ☐ Ambulatory with assist NA
Assistive Device: ☐ Crutch ☐ Walker ☐ Brace ☐ Wheelchair ☐ Bedridden

PSYCHOSOCIAL

Social Status: ☐ Calm/Relaxed ☐ Quiet ☐ Friendly ☐ Cooperative ☑ Crying ☐ Uncooperative ☐ Restless ☐ Withdrawn ☐ Hostile/Anxious
Social/emotional bonding with family: ☑ Present ☐ Absent

IV ACCESS

Site: (L) hand ☑ INT ☐ None
☐ Central Line Type/Location: 24g
Appearance: ☑ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: NA

SKIN

Color: ☐ Pink ☐ Flushed ☐ Jaundiced ☐ Cyanotic ☑ Pale ☐ Natural for Pt
Condition: ☑ Warm ☐ Cool ☐ Dry ☐ Diaphoretic
Turgor: ☐ < 5 seconds ☐ > 5 seconds
Skin: ☑ Intact ☐ Bruises ☐ Lacerations ☐ Tears ☐ Rash ☐ Skin Breakdown
Location/Description: NA
Mucous Membranes: Color: pink ☑ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☑ FLACC ☐ Faces
Location: NA
Type: NA
Pain Score: 0800 NA 1200 NA 1600 0

WOUND/INCISION

☑ None
Type:
Location:
Description:
Dressing:

TUBES/DRAINS

☑ None
☐ Drain/Tube
Site:
Type:
Dressing:
Suction:
Drainage amount:
Drainage color:

81

Student Name: _____ Unit: _____ Pt. initials: _____ Date: _____

INTAKE/OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO/Enteral Intake								402					
PO Intake													
Intake – PO Meds													
Enteral Tube Feeding													
Enteral Flush													
Free Water													

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush													

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													
# of immeasurable													
Stool													
Urine/Stool mix													
Emesis													
Other													

discharged at 1400

Children's Hospital Early Warning Score (CHEWS) (See CHEWS Scoring and Escalation Algorithm to score each category)	
Behavior/Neuro	Circle the appropriate score for this category: (0) 1 2 3
Cardiovascular	Circle the appropriate score for this category: 0 (1) 2 3 pale
Respiratory	Circle the appropriate score for this category: (0) 1 2 3
Staff Concern	1 pt - Concerned 0
Family Concern	1 pt – Concerned or absent 0
CHEWS Total Score	
CHEWS Total Score	Total Score (points) 1
	Score 0-2 (Green) – Continue routine assessments
	Score 3-4 (Yellow) – Notify charge nurse or LIP, Discuss treatment plan with team, Consider higher level of care, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications
	Score 5-11 (Red) – Activate Rapid Response Team or appropriate personnel per unit standard for bedside evaluation, Notify attending physician, Discuss treatment plan with team, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications